U.S. Department of Justice United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF	. 3 5		- 3				COURT CASE NUMBE	
redet DEFENDANT	al Insurar	ice Co.,	et al				O3-CV-6978 TYPE OF PROCESS	(S.D.N.Y.)
	eida, et el						Personal	
SERVE (		DIVIDUAL, C ias Mous		CORPORATION	N, ETC., TO SERVE	OR DESCR	IPTION OF PROPERTY TO	SEIZE OR CONDEM
AT {	ADDRESS (S	treet or RFD.	Apartment in Apartment in Apartment is S	No., City, Stat Service	e and ZIP Code)			gr t-regar
SEND NOTICE (	OF SERVICE CO	PY TO REQU	ESTER AT	NAME AND	ADDRESS BELOW:	Numbe	er of process to be	20.3 1
J. Scott Tarbutton, Esq.							I served with this Form - 285	
Cozen O'Connor (1900 Siarket Street)						ı	Number of parties to be 525 served in this case	
	Philadelphia, PA 19103						Check for service on U.S.A.	
SPECIAL INSTRI Telephone Numbe					SIST IN EXPEDITIN	NG SERVIC	E (Include Business and A	Alternate Addresses, A
_							<del>پ</del> د د د د د د د د د د د د د د د د د د د	
							in the second se	e godi
Signature of Attorr	ney or other Origin	ator requesting	service on b	ehalf of:	PLAINTIFF  DEFENDA		PHONE NUMBER 5-665-7255	DATE 5-20-04
SPACE BE	<b>LOW FOR</b>	USE O	F U.S. N	MARSHA	L ONLY — D	O NOT	WRITE BELO	W THIS LINE
I acknowledge rece number of process (Sign only first U	indicated.	Total Process District of Origin District Sign			Signature of Aut	horized USN	1S Deputy or Clerk	52) Date 5-26
than one USM 285	is submitted)		No>	L No		4344	<u> 1614 —                                    </u>	
I hereby certify and on the individual,	d return that I 🕍 n company, corporat	ave personally ion, etc., at the	served,  ha	ave legal evider wn above or on	nce of service.  have individual, comp	e executed as any, corpora	s shown in "Remarks", the ption, etc., shown at the addition	ess inserted below.
I hereby certif	fy and return that	I am unable	to locate the	e individual, co	ompany, corporation,	etc named	d above (See remarks belo	w)
Name and title of	individual served	(if not show	n above)					uitable age and dis- siding in the defendant
Address (complete	only if different to	nan shown abo	/e)	<u> </u>				Time a
							Signature of U.S.	Marshal or Deputy
Service Fee	Total Mileage Cl	vors)	rding Fee	Total Charges	Advance Deposits	Amount	owed to U.S. Marshal or	Amount of Refund
REMARKS:						·L		1
							NO	TE 109V

FORM USM-285 (Rev. 12/15/80)

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